

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/049384 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1							51		
2	1						52		
3							53		
4							54		
5							55		
6		1					56		
7			1				57		
8				1			58		
9					1		59		
10	1						60		
11		1					61		
12							62		
13							63		
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42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	5								
TOTAL DEP.	6								
TOTAL CLAIMS	11								

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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